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## APPLICANTS

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*None T6*

\*\* CONTINUING DATA \*\*\*\*\*

*None T6*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	2	11	3
Verified and Acknowledged Examiner's Signature	<i>Frankie</i>	Initials			

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## TITLE

Elevator hoistway support bracket

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